

McLean County Board of Health (553 Board)
FY 16 Funding Criteria and Guidelines

Section 1
Criteria

All programming and services must have an impact in the following areas:

- Mental Health
- Substance Abuse

Contract funds overseen by the McLean County Board of Health (553 Board) must be designated for mental health and substance abuse services only.

Section II
General Conditions for Funding

1. Compliance with the application deadline. Late applications will not be accepted.
2. The McLean County Board of Health (553 Board) supports system integration and encourages inter-agency cooperation, coordination, joint planning and any such cooperation evidenced by written agreements between agencies or evidence of participation in local inter-agency joint planning committee will be noted as positive factors when designating mental health funds.
3. A clear demonstration of need must be established prior to the granting of all or part of the funding request.
4. High priority will be given to ongoing mental health and substance abuse programs in McLean County that have previously received the McLean County Health Department contract monies, and demonstrated efficient and viable client services through their ability to achieve designated program goals and outcome objectives.
5. Favorable consideration will be given to applicants who clearly demonstrate that a substantial effort has been made to explore other funding resources. Sustainability should be included in the program plan.
6. Only clearly documented non-duplicative requests will be considered. Any program request that overlaps with an existing available program in McLean County shall be removed from consideration.
7. Program plans: Objectives, Client Outcomes, and Staffing will be a prime consideration when allocating funds and must be designed to meet the stated objectives. There must be assurance that the agency and personnel to be assigned to the program are capable and experienced. Participant Centered, trauma informed, evidenced based, outcome driven programming with a sustainability plan is strongly encouraged.

8. Each applicant must have a clearly defined plan to assess program results with a documented plan to evaluate the desired impact of the program on the client outcomes.
9. All agencies must demonstrate an ability to meet and agree to accept, all of the following conditions in order to be considered for funding:
 - A. A mutually agreed upon contract between the grantee and the Board of Health (553 Board) must be negotiated and approved by the State's Attorney prior to awarding the grant.
 - B. Payments for contractual services will be made on a schedule stated within the contract provided the agency has met all contractual conditions and obligations.
 - C. Periodic reports and site visits will be required in accordance with the contractual agreement. Each applicant must utilize the Quarterly Reporting Guidance and the Fiscal Year 2016 Quarterly Report to document quarterly progress. Reports should contain, at a minimum, types of service rendered, service outcomes, evidence of progress in attaining program objectives, and narrative describing program activities during the quarter.
 - D. At the end of the funding period, the Board of Health Board will require a final report summarizing program activities, evaluation of the program in accordance with the proposal outlined above, and an accounting of all funds received from the Board of Health.
 - E. Funds will be provided to not for profit or governmental agencies only. Satisfactory evidence of not for profit and tax exempt status must be on file or accompany the program proposal.
 - F. The Board of Health will require evidence of fiscal responsibility and sound accounting practice prior to contracting with the agency for mental health services. An Annual CPA audit prepared in accordance with AICPA Industry Audit Standards will satisfy this requirement.
 - G. The agency may be required to make a presentation regarding their proposal at a public hearing scheduled by the Board of Health.
 - H. All grants are subject to limitation depending on the availability of funds to the Board of Health.
 - I. Approved grantee must comply with the Title VI of the Civil Rights Act of 1964 (PL88-353) and Title VII of the Civil Rights Act of 1964.
 - J. Agencies must submit a revised Budget and Application of Revenue Form to the Department, no later than July 5th of the fiscal year funded, outlining an annual expenditure plan.
 - K. DHS grantees must submit all grant applications for State funding to the Health Department for review and comment. In addition, notification of all site visits by DHS will be given to the Department as well as submission of other State reports as specified in the agency contracts.

Section III
FY 15 Funding Priorities
July 1, 2015-June 30, 2016

Behavioral Health and Substance Abuse

- Behavioral Health is essential to health. It includes mental health and substance abuse. Prevention reduces the likelihood of the onset of health problems, reduces harm and saves dollars.
- Individuals impacted by mental illness and substance use disorders have the opportunity to live healthy, productive lives.
- Individuals impacted by mental illness and substance use disorders should have access to treatment specific to their needs, the required level of care, and promotes overall improved health and wellness.
- Supports for individuals with mental illness and substance use disorders should focus on developing and strengthening their individual capacities and support networks. A natural part of this process includes wellness, recovery, and termination.
- Support for individuals impacted by mental illness and substance use disorders should seek to reduce the stigma associated with their illness/disorder
- Suicide is one of the leading causes of death. Research and Data suggest the following:
 - According to the Center for Disease Control, suicide was ranked as the 10th leading cause of death among person ages 10 and older in the United States in 2009.
 - According to 2008 data provided by The Illinois Department of Public Health, suicide was the 10th leading cause of death in McLean County.
 - A report provided by the McLean County Coroner for the year 2013 indicated there were 22 suicide deaths in McLean County.
 - In the United States, suicide is the third leading cause of death in young people, age, 15-24 years. ~Provided by CDC, cited within Youth Mental Health First Aid manual, page 135.
- Prevalence Data from Behavioral Health, United States 2012 publication indicate:
 - In 2011, more than 41 million U.S. adults (18 percent) had any mental illness, and nearly 20 million (8 percent) had a substance use disorder.
 - In 2011, nearly 9 million U.S. adults (4 percent) had mental illness that greatly affected day-to-day living, or serious functional impairment.
 - Data collected in 2010 and 2011 indicate that almost half of United States children ages 4-11 with emotional or behavioral difficulties used mental health services at least once during the past year.

McLean County Objectives

Children, Adolescent and Family Focused Programs and Services

1. Provide community based crisis response services, including a 24 hour crisis line.
2. Identify youth at risk of social, emotional, and/or behavioral health issues and using evidence based/informed services, engage in a process of healing and positive development. Employ prevention and early intervention strategies to improve behavioral health outcomes.
3. Expand access to psychiatric services.
4. Provide supportive employment and residential services.

Access to Community Based Services, Resource Development and Collaboration

1. Increase investment in programs and services through system integration, collaboration and innovative approaches with a strong emphasis on prevention and early intervention.
2. Increase the ability to access high quality community based services that include prevention, treatment, recovery, and wellness services.
3. Reduce involvement of target populations in the criminal justice system.

Priority Levels

Existing Programs

Priority Levels	Mental Illness	Substance Abuse
Priority 1	Crisis Intervention including 24 hour crisis line.	Early intervention/identification (Adolescent and Pre-adolescents)
	Child and Adolescent Outpatient services	Primary Prevention services to primary grade youth
	Psychiatric Services	Specialty Courts
Priority 2	Vocational Services	Youth Treatment Services
	Adult outpatient & long term care	Adult Treatment services
Priority 3	Non Emergency telephone information & referral	
	Domestic Violence Counseling related to dually diagnosed clients	

New Initiatives or Expansion

Priority	Mental Illness	Substance Abuse
Priority 1	Expand access to psychiatric service or professional extenders on with prescription medication for seriously mentally ill and those with dual diagnoses-MI/DD & MI/SA	Adolescent early intervention services
	Child & Adolescent outreach and outpatient services to avoid reliance on limited state operated facilities. Services should be evidence based, outcome driven, and collaborative in nature with goals of avoiding duplication and interconnecting with other youth service agencies to ensure streamlined access.	Detox-crisis service for dual diagnosis clients coupled with psychiatric and inpatient options (MIS)
		Primary prevention programs for primary grade youth.
Priority 2	Dual Diagnosis services (MI/SA)	Adolescent residential programs
	Evidenced based programming such as assertive case management, forensic case management, stabilization services and secure residential services	Family based treatment services for youth.
	Specialized service for seriously mentally ill involved with the justice system	
Priority 3	Prevention services including, but not limited to community education, early intervention, and emotional health and wellness	Extended care programs for adults.
		Geriatric substance abuse treatment.

Section IV. Decision Authority

Overarching Decision Support Considerations

The FY16 allocation process will require all applications to address the overarching criteria listed below.

1. Underserved Populations-Programs and services that promote access for the underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity.
2. Countywide Access-Programs and services that promote county wide access for all people in McLean County. Concentrating on documented, underserved populations needing access to locally funded services.
3. Budget and Program Connectedness-Applications must clearly explain the relationship between budgeted costs and program components and must demonstrate how individuals and their preferences are driving the services. For example, "What is the Board of Health buying and for whom?" is the salient question to be answered in the proposal and clarity is required.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors which influence final allocations decision recommendations.

1. Approach/Methods/Innovation: Applications proposing evidence-based or research based approaches and addressing fidelity to the model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need.
2. Evidence of Collaboration: Applications identifying collaborative efforts and system integration employing practices that work towards a more efficient, effective inclusive system of care.
3. Sustainability-Applications highlighting a sustainable program plan or detailing specific funding gaps.
4. Staff Credentials: Applications highlighting staff credentials and specialized training.
5. Records Systems Reflecting the McLean County Board of Health's Values and priorities: Applications proposing to develop and utilize records systems for individuals' supports, programs and projects that clearly reflect the BOH values and priorities. Such records systems can be used to provide rapid feedback to the BOH and the impact and efficacy of innovative projects and provide project managers and direct support staff with direction and feedback that can be utilized in day to day management, supervision, and mentoring/coaching.

Final Decision Authority

The McLean County Board of Health (553) will make the final decision concerning all applications for funding.

Should you have any questions regarding your FY 16 Application, please contact Laura Beavers at 309-888-5526 or laura.beavers@mcleancountyil.gov